

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

**Part I** General Information

1 Name of organization <u>WALTER J. BURKETT</u>		Employer identification number <u>59 366 0968</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>4000 GULF TERRACE DRIVE APT 214</u> City or town, state, and ZIP code <u>DESTIN, FL 32541</u>		
3 E-mail address of organization <u>N/A</u>		
4a Name of custodian of records  <u>WALTER J. BURKETT</u>	4b Custodian's address <u>4000 GULF TERRACE DRIVE APT 214</u> <u>DESTIN, FL 32541</u>	
5a Name of contact person  <u>WALTER J. BURKETT</u>	5b Contact person's address <u>4000 GULF TERRACE DRIVE APT 214</u> <u>DESTIN, FL 32541</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

**Part II** Purpose

7 Describe the purpose of the organization  
....CAMPAIGN FOR CANDIDATE FOR COUNTY COMMISSION, DISTRICT 5, OKALOOSA CTY., FLORIDA....  
.....  
.....  
.....  
.....

**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



